

PART B—ISSUE FEE TRANSMITTAL

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 Washington, D.C. 20231

MAY 30 2000

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BARBARA G MCCLUNG
 CHIRON CORPORATION
 INTELLECTUAL PROPERTY R440
 PO BOX 8097
 EMERYVILLE CA 94662-8097

HM15-00229



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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Lisa M. Nash

(Depositor's name)

Lisa Nash

(Signature)

5/26/00

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/015,736	01/29/98	014	ZEMAN, M	1631 02/29/00
First Named Applicant O'HAGAN,		35 USC 154(b) term ext. = 0 Days.		

TITLE OF INVENTION USE OF MICROPARTICLES COMBINED WITH SUBMICRON OIL-IN-WATER EMULSIONS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 1397.002/230	424-228.100	I88	UTILITY	NO	\$1210.00	05/30/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

1 Robins and Associates2 Alisa Harbin3 Robert P. Blackburn

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Chiron Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Emeryville, CA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual corporation or other private group entity government

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 03-1664

(ENCLOSE AN EXTRA COPY OF THIS FORM)

 Issue Fee Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Anne Dollard

(Date)

Anne S. Dollard, Reg. No. 43,935

05/26/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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